

Instructions and Guidelines for Training Provider's Mentorship Application

Program Name: MENTORING

Description:

Mentoring is an activity that can occur as part of a planned program or as a stand-alone project. It is needed for all youth (14-25) on different levels of the career ladder. Mentors help young adults develop positive social behavior, strong work ethic, and self esteem.

Target Age:

This activity is targeted to all youth (14-25).

Program Duration:

This activity can last from six weeks to one year.

Program Goals:

- Build self-esteem;
- Positive attitudinal development;
- Develop commitment to academic and employment success;
- Maintaining healthy lifestyles;
- Developing and maintaining healthy personal and professional relationships.

Employer Requirements:

- Provide a "safe" haven for communication and positive activities;
- Assist with development of personal and career goals;
- Encourage participation in community activities;
- Be a friend.

FUNDING:

There are no funds associated with this activity.

Contact Information:

Applications are available for employers interested in being a provider for this activity. On **St. Croix**, contact Deborah Johnson (340) 778-0429 and on **St. Thomas**, Shenika Sebastien at (340) 776-3700.

UNITED STATES VIRGIN ISLANDS
ELIGIBLE PROVIDER CERTIFICATION SYSTEM
Mentorship Application

Mentor Information

Name: _____

Mailing Address: _____

Contact Number(s):

(H) _____

(W) _____

(C) _____

Email: _____

Program Preferences

Youth Characteristics (please check all that are applicable)

_____ 14-15

_____ in-school

_____ 16-18

_____ drop-out

_____ 19-25

_____ college/trade school

_____ (no preference)

_____ (no preference)

Time Availability

_____ morning (between 8:00am – 12:00noon)

_____ weekdays

_____ afternoon (between 1:00pm – 4:00pm)

_____ weekends

_____ early evening (4:00pm – 6:00pm)

_____ (no preference)

Location

_____ Mentor worksite

_____ Department of Labor location

_____ Other, please specify: _____

Time Commitment (please check all that apply)

☐ One Month ☐ One hour/week
☐ Summer Only ☐ Three hours/week
☐ Six Months ☐ Other, please specify _____
☐ One Year
☐ Other, please specify: _____

Assurances

I recognize that by participating in this program I must give assurance for each item below. If I cannot, this application will be automatically rejected. The assurances are:

- ✓ All activities conducted through the VI Department of Labor must ensure a safe environment for youth that is drug and violence free.
- ✓ No individual shall be subjected to discrimination because of race, color, religion sex, national origin, age, disability, political affiliation or belief.
- ✓ All reasonable programmatic and architectural accessibility must be made available to individuals with disabilities.

Printed Name: _____

Signature: _____

Date: _____